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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/625,969	07/23/2003	Brent A. Johnson	17592 (AP)	1610	
51957 ALLERGAN, I	7590 05/09/200 <b>NC</b> .	8	EXAMINER		
2525 DUPONT	DRIVE, T2-7H		SOROUSH, LAYLA		
IRVINE, CA 92612-1599			ART UNIT	PAPER NUMBER	
			1617		
			MAIL DATE	DELIVERY MODE	
			05/09/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intoniou Summan	10/625,969	,969 JOHNSON, BRENT A.	
Interview Summary	Examiner	Art Unit	
	LAYLA SOROUSH	1617	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>LAYLA SOROUSH</u> .	(3)		
(2) <u>Brent Johnson</u> .	(4)		
Date of Interview: 24 April 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	²)∏ applicant's representative	<b>e</b> ]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <i>A phone call was made to M a response to the final rejection made on October 173, 2007. T</i>	Ar.Brent Johnson on April 24, 20	008. The office has	
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERVIEW ON THE SUBSTANCE OF THE SUBSTANCE OF THE INTERVIEW ON TO THE SUBSTANCE OF THE SUBSTANCE OF THE INTERVIEW OF THE SUBSTANCE O	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)